

IV

CLINIC PROBLEMS—CLINICAL AND ADMINISTRATIVE—II.

THE DEFAULTING CHILD. By DR. D. NABARRO
THE DEFAULTING TRAVELLING MAN. By MR. H. NICOL

DISCUSSION

DR. ANWYL DAVIES thanked both the openers for their papers, which were not only lucid, but also very much to the point.

Travelling patients could be divided into two classes : (1) the indifferent patient, who cared little about his health while he felt well ; (2) the conscientious person, who did his utmost to obtain treatment. Little control could be exerted over the first type of patient, but was enough being done to help those in the second category ?

V 15 looked an insignificant document, and he suggested that it might well be printed more suitably, and the patient given to understand that it was an important form ; also the medical officers should realise that it contained valuable information which would go a long way to help the conscientious patient. At present that document contained no space for classification of the diagnosis. To treat the case satisfactorily, the M.O. required as full particulars as could be given ; there was a great difference between the treatment of a primary and a tertiary syphilitic patient. True, the diagnosis could be stated on the top of the first page, but medical officers would be inclined to give more information if a definite space existed for it. Also, there was insufficient space on the document for details of the treatment given. How many medical officers, for instance, had seen stated on the form the dosage or the administration of potassium iodide ? Another point concerned the large number of arsenical compounds now being used, some of indifferent efficiency and value, and the same remarks applied to bismuth preparations. Looking through bundles of filled V 15 forms, one seldom saw one where a full course of arsenical treatment had been completed ; either only

BRITISH JOURNAL OF VENEREAL DISEASES

a few entries, or a large number of injections repeated week after week. Few blood tests seemed to be taken, because when the patient went to the centre the M.O. said, "It is useless to take a blood test, because the patient will not be back next week." The M.O. might or might not remember to enter the injection, or he might refuse to give another injection. Hence conscientious patients were often either over-treated or much under-treated.

He asked whether, now that the unemployment problem was less acute, Dr. Nabarro found less defaulting among the children attending his department.

He would like to know what was the legal position as to secrecy, as he had been told that no such thing existed legally as secrecy in a Venereal Clinic. His view was that in a large Metropolis there should be scope for a twenty-four-hour V.D. Clinic, such as he understood ran in Australia, where they were patronised at all hours. This would assist in solving the problem for lorry drivers and night-workers; there would be very few cases who could not attend at some period in the twenty-four hours.

Dr. DOUGLAS CAMPBELL (Southampton) said he noted that Dr. Nabarro placed most of the onus for non-attendance of the child on the mother, but his own experience had been that much of the failure to attend was due to the difficult child. At even a young age some of these children knew when they were to be brought to the doctor, and then pandemonium reigned, and the mother yielded to it, as she already had enough worries.

His mind reverted to a presidential address he heard at the Society concerning treatment of the child whose mother had already been given a full course during pregnancy. In most ante-natal schemes nowadays the mother presented herself rather early in her pregnancy, certainly before the end of the third month of it. The result was the birth of a high percentage of healthy children. On the occasion of that address Dr. Nabarro did not favour the immediate treatment of the new-born child. After that address he, the speaker, suggested the treatment of such child just as in the case of a patient who had become Wassermann-negative, as the child was still under the immediate cloud of syphilis. A mother, especially if she had previously had birth catastrophies, would be very proud of her sound infant, and would

CLINIC PROBLEMS

bring it for inspection for weeks afterwards, and it was his own practice to seize the opportunity to give good doses of treatment to the baby, so that should anything interfere with visits in the future the child would have had a good start.

A matter he wished to stress was that there should be adequate co-operation between the V.D. Clinic and child-welfare, ante-natal departments and school medical officers. The association of these agencies would mean no breach of secrecy, and following up would be aided, and the child need not be, as it were, forced to come back to the V.D. specialist.

As to the problem of the travelling man defaulter, he believed that a good deal rested on how the clinician interviewed the man at the first consultation. M.O.'s at the Clinics were inclined to be in a hurry, and there might be many new patients to see and test. But if at the first interview the patient's social and economic position could be gone into and considered, and foresight exerted, many possible difficulties could be warned against and the necessity for regular treatment impressed.

With regard to Form V 15, he thought the total dosage given of arsenic and bismuth should be stated on it, especially as the preparations were of different strengths and prescriptions.

Surgeon-Lieutenant COULTER said that, as a Naval M.O., he did not pretend to have had experience of this subject in civil life. In the past three months, however, he had been permitted by their Lordships to travel about from Clinic to Clinic, aided by the kindness of certain eminent venerealogists. Connected with some of the Clinics were young men willing and eager to learn who, however, had little to do, and he wondered whether it would be possible to utilise their services in a sort of visiting Venereal Clinic, especially as the defaulting child was such a definite problem. The latter could then be treated in their homes. Perhaps some small remuneration could be offered to such workers, even if it were only the cost of petrol.

Colonel WILSON enquired :

(1) Whether junior men were sufficiently instructed in the proper use of forms and their importance both to the patients and those who treated them ?

(2) Was it not possible for children who are habitually

BRITISH JOURNAL OF VENEREAL DISEASES

brought from long distances to be treated nearer their homes without their being recognised by neighbours ?

Dr. FOLEY referred to Dr. Nabarro's remark on the question of travelling expenses for visiting the Clinic. She said that of three county councils with which she was acquainted two were generous in this respect, but the other was very economically minded in this matter. She thought it hard when public bodies would not grant the few shillings which would mean efficient treatment.

The PRESIDENT again thanked the openers very cordially for their papers. Obviously one set of difficulties in the way of adequate treatment of the travelling person led to the birth of syphilitic children. One type of traveller who had not been mentioned was the travelling waiter—of both sexes—those people who travelled from towns to the seaside to do summer and seasonal waiting. Often at her Clinic she encountered the woman who, while under treatment, absented herself for a number of weeks without notification of her intention. The speaker thought it might be well to distribute printed slips on the waiting-room seats bearing such words as, "If you will be leaving for more than a week, on business or pleasure, please ask for travelling treatment card." Her remarks applied to travelling actors too, as their opportunities of attending during the hours that clinics were open were small. It might seem incredible to those present, but a woman who had returned from Folkestone declared that she could not get Clinic treatment in that town; she was told they did not give it there to women at all.

The problem of the lapsed or lapsing child was a very difficult one in London. She quite understood that in the case of such a first-class Clinic as that at Great Ormond Street mothers would always try to take their children there, even from a great distance. But, in a way, that defeated its own ends; it was more difficult to travel long distances, and more expensive and took longer. But when one offered to write to the M.O. of a nearer Clinic it was at once declined. Even when the difficulty of a long journey was felt the offer was not accepted; the woman said she would attend when she could.

In her clinic she did not have many small congenital syphilitics; perhaps that was because there was a well-organised ante-natal department, and very few congenital syphilitics were born to the women under care there.

CLINIC PROBLEMS

They had a certain number of congenital syphilitics passed on from schools or various agencies, and they attended very well for treatment. If a mother did not see the need for treatment she would not attend often. And she did not experience difficulty over the injection of children; true, small children screamed, but as soon as the little patients were off the table the distress ceased. She usually offered a small bribe for a series of good behaviours. She would sooner deal with thirty of these congenital syphilitics than with one vulvo-vaginitis case.

If the importance of a good impression at the first interview was true of the travelling man, it held even more, the President thought, with the parents of congenitally syphilitics. She got these children when the parents had been approached in the wrong way, and then the mother came full of resentment, and it took a very great deal to convince her that she was not regarded as a debased person. Some of them would not believe one when told what was the matter with the child. The father of one boy, nine years old, was a porter at a large hospital, and the boy had syphilitic bone disease, for which injections were needed. The speaker gave three injections in another chief's ward, and the condition began to clear up. Then it was suggested that the treatment should be continued with the boy as an out-patient. The parents had never been interviewed and told what was the nature of the trouble. The mother, who was seen to have pin-point pupils, came and asked what it was, and when told refused to believe it, and took the child out of the Clinic.

The President hoped that Colonel Harrison would deal with the legal point as to how far compulsion or threat of compulsion could be employed in stubborn cases. Once or twice in her Clinic work she had had recourse to asking the help of the N.S.P.C.C., and, though she much disliked doing this, that body could be very helpful. One woman was very neglectful and would not have her little boy brought for treatment; she had the attention of the N.S.P.C.C. directed to the case and the child was brought, but the sequel was one of the most severe cases of Graves' disease she had ever seen. She did not know what the inspector had said to her, but the woman was trembling and her exophthalmos and nervousness were very evident.

BRITISH JOURNAL OF VENEREAL DISEASES

Colonel L. W. HARRISON, D.S.O., replying on the evening's discussion, remarked on its wide range and said he hoped he might be forgiven if his replies were somewhat disjointed.

He felt a little hurt by one of Dr. Nabarro's remarks. That speaker had referred to a meeting at which he said neither the Ministry of Health nor the Home Office had thought it of sufficient importance to be represented. Might he remind Dr. Nabarro that other circumstances and claims might prevent such attendance? The same opener mentioned the Questionnaire, V 63, which was issued as a result of a deputation of the British Social Hygiene Council to the Ministry of Health. It had taken a long time to collect answers to that circular, and the replies had not been very helpful, except in showing what wide differences of opinion existed as to the solution of the kind of problems which had been discussed this evening. Some who replied had said that their junior patients attended very well, but he had thought it just as well to check such answers by reference to the Clinic's annual returns, under the items relating to cessation of attendance, and these often gave quite a contrary impression. It would be of interest to the Society to know that, consequent on the enquiry, a Ministry circular had now been drafted which he thought would meet many of the points that had been raised to-night.

In it emphasis was laid on the importance of the initial interview with the patient; also on making attendance easier by exercising greater freedom in the matter of contributions towards the defrayment of travelling expenses.

Much emphasis had been laid in the discussion on a proper liaison between the V.D. Service and other branches of public effort, such as Maternity and Child Welfare, the School Medical Service, and so on; this was duly stressed in the circular.

It was very interesting to see the answers on the question of visiting. Some advocated the use of health visitors; others said "Never send health visitors"; it was fatal. The net result of the inquiry went to show that many found visiting useful, but exactly how it was to be carried out must be left to those in the place who knew the local circumstances; it was impossible for a

CLINIC PROBLEMS

central authority, like the Ministry, to lay down a particular method.

With regard to the question of secrecy, in the circular just framed attention was drawn to the necessity of observing secrecy, *i.e.*, avoiding disclosure to third parties as to the nature of a patient's illness. Dr. Nabarro seemed to suggest that if the patient was a child one need not trouble about secrecy. It must be remembered that in disclosing the child's disease one was, *ipso facto*, disclosing the disease of the parents, and that was a stumbling-block. Still, whilst drawing attention to the need for secrecy, people were reminded that communications between V.D. officers and other medical men interested in the treatment of a given patient were not a breach of secrecy. It was necessary to do that, because he had encountered some stupid interpretations of the secrecy clause in the V.D. Regulations. Thus he had heard of such things as the following : A medical officer wrote to a V.D. officer to the effect that he understood that So-and-so, now under the writer's care, had recently been attending his Clinic ; would the V.D.O. give particulars of the treatment ? The reply of the Clinic officer had been to refuse on the ground that the secrecy clause forbade it. That interpretation was, of course, ridiculous.

Again, in this discussion, the question of compulsion had been raised, also the use of the N.S.P.C.C. for putting on pressure to attend. With this matter of compulsion he confessed to feeling very tired. People were continually saying " Why don't you make them come, why don't you pass a law compelling them to attend Clinics ? " His view was that in this country progress would not be made by attempting compulsion ; far more would be accomplished by proper treatment in the Clinics. Employment of the N.S.P.C.C. was not mentioned in the circular, but it was not forbidden. There were people who knew how to use that agency well, without disclosing the nature of the child's complaint.

The question of the revision of Form V 15 had been raised, and he agreed as to the need for it ; in view of the fact that V 44 had been revised, it was likely that there would follow a reform of V 15. V 44 would have been in the hands of medical officers by now but for some formalities in connection with the signatories of the

BRITISH JOURNAL OF VENEREAL DISEASES

Brussels Agreement. It would be seen that V 44 did provide more space on which to write particulars, and there was a special instruction to state the stage of the disease. The point raised by Dr. Campbell, as to stating plainly in terms of the metal the total amount of mercury and bismuth, was a good one, which had been attended to in the new Form V 44.

Mention had also been made of facilities to see these cases out of Clinic hours, when they could be regarded as emergencies. There were V.D. officers in the country who would do that, *i.e.*, see patients after Clinic hours at their consulting rooms. The Ministry of Health had considered at various times the question of a practitioner service for V.D. work ; this would overcome many of the difficulties, because it was impossible to have a V.D. Clinic in every little place, even in every port ; the cost would be prohibitive. In connection with Dr. Hardy Kingston's Clinic at Bristol there had been a development which seemed to have hopeful possibilities. As residents in various parts of Gloucestershire had long distances to travel to Bristol, it was suggested that the central Clinic there should set out programmes of treatment for selected practitioners to carry into effect as the doses fell due. (Dr. Kingston : It has worked very well.) Some V.D. officers objected to that, stating that they could not trust anybody but themselves to do it. He, Colonel Harrison, put it to objectors that, if a private patient were sent to them, they would not say the general practitioner could not be trusted to carry out the treatment, but would send him the programme to be carried out. Why should it not be done in selected Clinic cases also ?

The practitioner who was paid out of public funds would have to accept supervision. Could that be obtained, and could the funds be procured with which to finance it ?

He did not think it would be practicable to have a register of pregnant women and insist on their treatment. Marriage tests would, of course, come, and in a comparatively few years it would become the usual routine to have blood tests done, but at the moment there was still much objection to routine ante-natal testing of the blood. At one time any idea of testing was strongly objected to, but now people did not get quite so excited about it, and he believed that in a few years it would be accepted. It was impossible to move much in advance of public

CLINIC PROBLEMS

opinion in these matters. Whatever might be regarded as ideal, the public needed to be educated before they would accept it.

Dr. NABARRO, in reply to Dr. Davies' question, said he did not think the improved economic position of the country had resulted in a better attendance of children patients at his Clinic. The latter practically always refunded the fares incurred by the visits.

He did not know the real position as to the secrecy clause. He was willing to give evidence in a court of law concerning the stubborn patients if necessary. The N.S.P.C.C. did not like prosecuting.

He had not found these children difficult: it was the mother who could say whether the child was difficult at home. There might be some distress, but as soon as the injection was finished the child was happy. Sometimes it was the father who proved difficult. Some fathers sent abusive letters to the Clinic, and would have nothing more done. Eventually he used threats to these people.

He liked to watch these children by having them brought up regularly, not necessarily to treat them. He had had very few cases in which there was any sign of syphilis in the child if the mother had been properly treated.

Some mothers got very tired of coming up so often.

With regard to the pressure exercised by the N.S.P.C.C. officer giving a woman exophthalmic goitre, the speaker had not had a case like that, but he would remember the possibility.

He had no desire to hurt Colonel Harrison's feelings by what he said about the absence from the meeting in question of representatives from the Ministry of Health and the Home Office.

He agreed with what had been said as to the importance of the initial interview with the patient: every effort should be made to smooth difficulties away.

On the question of secrecy, he would like to know if what Colonel Harrison said could be accepted as the official view—*i.e.*, that the M.O. of the V.D. Clinic could write to the medical officers of Welfare Centres. He marked all such letters which he wrote "Confidential." (Colonel Harrison: You could not write to someone who is not already acquainted with the patient. But you could write about fares to the Clinic. You can write to anybody if the patient agrees. To write to somebody

BRITISH JOURNAL OF VENEREAL DISEASES

about the patient's treatment without the latter's consent would be bringing in a third party, and it would be breaking the condition of secrecy. For instance, who will open the letters ?)

With regard to the remark that it was impossible to move faster than public opinion in these matters, it was often the public who asked for these tests: it was the doctors who were backward. He had recently had several mothers who had attended the ante-natal Clinic and brought a syphilitic baby, but who had had no blood tests.

Mr. HAMISH NICOL, in reply, said he had not seen the new V 44 form, but he was convinced both V 44 and V 15 needed revising.

These forms should be, as far as possible, uniform, bearing in mind that V 44 is an international form and V 15 for use in the British Isles.

The V 44 form should be as simple as possible, so that it could be understood in any country.

If a space were left at the head of the card, as had been suggested, for particulars of the case, it would not be much help when these particulars were written in Japanese or Russian !

In the speaker's opinion, symbols should be used as far as possible, the stages of syphilis being indicated by S 1, 2 or 3, etc. Symbols could be also used for gonorrhœa and chancroid.

All preparations of arsenic could be indicated by As and the As content given in dosage. V would indicate the intravenous route, and M the intramuscular; all preparations of bismuth indicated by B, and mercury by Hg.

As to the remark that the blood test was not done on the travelling patient, his practice was that if a blood test was indicated he took one. He then ascertained where the patient was going and made him address an envelope to himself, and the speaker posted the result of the test to the patient.

He had always stressed the importance of the first interview with a patient. This first interview often made the difference between a regular attendant and a defaulter.

Some medical officers appeared to frighten their patients away and some did not sufficiently impress upon

CLINIC PROBLEMS

the patient the importance of regular treatment. A second interview sometimes put matters right.

Many gonorrhœa patients seem to look upon their ailment as a trivial minor malady and assumed a jaunty air, whereas the syphilitic, when he knew what was wrong, appeared alarmed and concerned about his state and would often ask if he had got it badly ; hence the need to have regard to the psychological aspect. A warning that would only be sufficient to make one man attend would drive another to despair.

He agreed that there is some danger in giving arsenic to a lorry driver just before a long journey. His cases usually came in the evening at the end of their day. If a lorry driver were about to start on a journey he would give him bismuth.